This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	-
General instru	ems (Short Form) uctions are located of this workbook	2-26-21	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	// /YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020.	2 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under whic	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty f		ne last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filir	g. If not, enter the system's ID number a	assigned by the Licensing Division.	10034
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	TDS Broadband Service LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	Baja Broadband			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	525 Junction Rd. (Number, street, rural route, apartment, or suite	number)		
	Madison, WI 53717-2152 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:		e system, in unierent nom the dudles	S given in space D.
	1 MAILING ADDRESS OF CABLE SYSTEI	и-		
	INALING ADDILESS OF CADLE SISIEI	*1.		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TDS Broadband Service LLC	100
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ommunity" is the same as a "community unit" as defined in FCC rul rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	
Served		
First	CITY OR TOWN TRUTH OR CONSEQUENCES	STATE
Community	SIERRA	NM
	WILLAMSBURG	NM
d Rows as Necessary		
inclusion in the cost of y		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	TDS Broadband Service	e LLC							100
Е	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including particular services)								
Fransmission	last day of the accounting period	· · ·	-						
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rales	separately for the particular serv		-	•••		•	-	is charged	
	Rate: Give the standard rate of	charged for eac	ch categ	ory of service.	Include b	oth the amount	of the cha		
	unit in which it is generally billed	· · ·		,		ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	vice that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not	e: Where an in	ldividua	l or organizatio	on is receiv	ing service that	falls unde	er different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	nder Serv	lice to the	
	Block 2: If your cable system	•			• • •	n service that ar	e different	from those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-f	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
		OCK 1					BLOC	<u>۲</u> 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	000001110			0,111				
	 Service to first set 		392	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		42	67.72-\$11.36					
	Commercial								
	Converter								
	Residential		130	\$5.95/Mo.					
	Non-residential								
					. <u> </u>				•
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's se	rvices that were	
F	not covered in space E, that is,				•	• •			
. .	service for a single fee. There a		-		-			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually	billed. If arry i		nargoa on a va		program baolo,	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip								
		BLO	~ <i>K</i> 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	7.40-19.99	• Mo	tel, hotel					
	• Pay cable—add'l channel		• Cor	nmercial		\$0 - \$99.95			
	Fire protection		• Pay	/ cable					
	 Burglar protection 		• Pay	/ cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	0-49.95		glar protection					
	 Additional set(s) 	0-49.95		services:					
						0.05	1		
	• FM radio (if separate rate)			connect		0-25			
			• Dis	connect					
	• FM radio (if separate rate)		• Dis • Out			0-25 19.98-39.96			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEN
Name	TDS Broadband Serv			10
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6	entify every television station (including tem during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.67	(1) stations carried only on a part ne carriage of certain network prog	t-time basis under grams [sections
ransmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her	as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (the page output basis		
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	see page (v) of the general instru program services such as HBO, ES	ictions. SPN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the channel of license. For example, W	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	vision station for broadcasting over	er the air in its community
	educational station, by enter (for independent multicast) For the meaning of these te	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru-	for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form.	ependent), "I-M" ational multicast).
	Column 4: Give the location	on of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the static	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КОАТ	7.1	Ν	Albuquerque, NM
	KOAT-DT2	7.2	N-M	Albuquerque, NM
Rows as Necessary	KOAT-DT3	7.3	N-M	Albuquerque, NM
	КВІМ	10.1	N	Roswell, NM
	KBIM-DT2	10.2	N-M	Roswell, NM
	KOBR	8.1	N	Roswell, NM
	I			
	KOBR-DT2	8.2	N-M	Roswell, NM
	KOBR-DT2 KLUZ	8.2 14.1	<u>N-M</u>	Roswell, NM Albuquerque, NM
			N-M I	
	KLUZ	14.1	N-M I I I-M	Albuquerque, NM
	KLUZ KUPT	14.1 29.1	I I I	Albuquerque, NM Hobbs, NM
	KLUZ KUPT KUPT-DT2	14.1 29.1 29.2	I I I	Albuquerque, NM Hobbs, NM Hobbs, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD	14.1 29.1 29.2 25.1	I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3	14.1 29.1 29.2 25.1 39.1	I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA	14.1 29.1 29.2 25.1 39.1 2.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA KENW	14.1 29.1 29.2 25.1 39.1 2.1 3.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA KENW KRPV-DT	14.1 29.1 29.2 25.1 39.1 2.1 3.1 27.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA KENW KRPV-DT KCHF	14.1 29.1 29.2 25.1 39.1 2.1 3.1 27.1 11.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA KENW KRPV-DT KCHF K45IL-D	14.1 29.1 29.2 25.1 39.1 2.1 3.1 27.1 11.1 45.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Hobbs, NM
	KLUZ KUPT KUPT-DT2 KTEL-CD KUPT-DT3 KASA KENW KRPV-DT KCHF K45IL-D	14.1 29.1 29.2 25.1 39.1 2.1 3.1 27.1 11.1 45.1	I I I-M I I I I	Albuquerque, NM Hobbs, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Hobbs, NM

ounting Period			
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Service LLC		10
	PRIMARY TRANSMITTERS: TELEVISION		
G Primary Transmitters: Television	 In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76. substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations of basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations for any further information concerning substitute basis stations for any further information is call sign. Do not report origination multicast stream associated with a station according to its over-there. 	of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN	ne basis under ns [sections ons carried on a utitute program og)—if the on some other ns. I, etc. Identify each
	"WETA-2" as the same on the form.		
	Column 2: Give the channel number the FCC assigned to the tell of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instr Column 4: Give the location of each station. For U.S. stations, lis FCC. For Mexican or Canadian stations, if any, give the name of	s station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the s identified.
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instr Column 4: Give the location of each station. For U.S. stations, list	s station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
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LEGAL NAME OF								SYSTEM I 100
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
The ceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate to Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co l sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
·								
						·		
		-				·		
		-				·		
						·		
						·		
						·		
						·		
						·		
						·		
						·		
						·		
		-						
		 						
						·		

Accounting Perio	od: 2020/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	TDS Broadband Servio	ce LLC					10034
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G		
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizat	ions. For a further
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	FITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute b	asis, any nonr	network tel <u>evisi</u> on pr	ogr <u>am</u>
Program Log	broadcast by a distant sta	tion?				YES	× NO
r rogram Log							
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	ge blank. If your answer	is "Yes," you i	nust complete the p	rogram
	2. LOG OF SUBSTITUT	E PROGRA	AMS				
	In General: List each subs	titute progr	am on a separ	ate line. Use abbreviatior	ns wherever p	ossible, if their mear	ning is
	clear. If you need more spa						-
				vision program ("substitut			
	period, was broadcast by a						
	under certain FCC rules, re	0					
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES" OF "DASK	etball." List specific progi	am titles, for e	example, "I Love Luc	cy" or
			dcast live ent	er "Yes." Otherwise enter	"No "		
				asting the substitute proc			
		•		he community to which the	•	censed by the FCC	or, in
	the case of Mexican or Car			-		,	
			when your sy	stem carried the substitut	e program. U	se numerals, with th	e month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes, stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. should	De
		er "R" if the	listed program	n was substituted for prog	pramming that	t vour system was <i>re</i>	equired
	to delete under FCC rules						
	was substituted for program	•		e			p. • 9. •
	effect on October 19, 1976					-	
					II WHE	N SUBSTITUTE	
	S			1	CARRI	AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	
						_	
						_	
					-	_	
						—	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 10034
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month
	Line 1. Royalty fee for accounting period	··· \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···· <u>\$ </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)
	1. Base amount under statutory formula	<u> </u>
	2. Enter amount of gross receipts from space K	_
	3. Subtract line 2 from line 1	_
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	. 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u> </u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	15.00	
				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel inst			

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O TDS Broadban	WNER OF CABLE SYSTEM: d Service LLC	SYSTEM ID# 10034
M Channels	to its subscribers Enter the total system carried Enter the total on which the cal 	u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	18 294
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
Be Contacted for Further Information	Name	Stephanie Weber Telephone (608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Email	Madison, WI 53717 (City, town, state, zip) finance@tdstelecom.com Fax (optional)	
O Certification	I, the undersigne (Owne (Agent in li X (Office in li	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	stem as identified

X /s/ Sharon V. Tisdale
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: Sharon V. Tisdale
Title: Assistant Treasurer (Title of official position held in corporation or partnership)
Date: February 26, 2021

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
S Broadband Service LLC	100
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	_
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.